

DEPARTMENT OF THE ARMY
HEADQUARTERS, DWIGHT DAVID EISENHOWER ARMY MEDICAL
CENTER
FORT GORDON, GA 30905-5650

DDEAMC Regulation 350-4

09 Dec 1998

Training
**ORIENTATION AND MANAGEMENT OF RESERVE COMPONENT (RC)
PERSONNEL**

This regulation is not subject to the requirements of AR 11-2, as it contains no internal control provisions.

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* This regulation supersedes DDEAMC Regulation 350-4, dated 2 April 1997.

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CHAPTER 1

GENERAL

1. PURPOSE:

a. To provide policies, procedures and guidance for training interface with Reserve Component (RC) units and individuals in a Triservice environment.

b. To provide guidance and delineate responsibilities of the Medical Center (MEDCEN) staff in support of RC personnel designated to conduct Annual Training (AT) and other training opportunities at Dwight D. Eisenhower Army Medical Center (DDEAMC), Fort Gordon, Georgia.

c. Provide for the scheduling of RC personnel for each training period which will ensure optimum training value, while providing maximum utilization to this MEDCEN.

d. Outline the collaborative relationship between the Southeast Regional Medical Command (SERMC) Readiness Division and the MEDCEN.

2. **GENERAL:** Through means of the year-round training concept, selected RC medical personnel will perform training throughout the training year at DDEAMC. These reservists will require training, administrative and logistical support from the MEDCEN. Training of these reservists is the most important requirement. Providing meaningful, well planned training to soldiers is acknowledged to be a difficult task. Failure to do so impacts not only on the readiness of RC personnel, but also the readiness of active component staff members of the MEDCEN to work in a RC/Active Component (AC) integrated environment.

3. **SCOPE:** This regulations pertains to all Army, Navy, Air Force and Coast Guard Active Component (AC) and RC personnel managing, supporting and performing training at DDEAMC.

4. COMMAND AND CONTROL:

a. United States Army Reserve Command (USARC): a major subordinate command of U. S. Forces Command (FORSCOM), located in Atlanta, Georgia that provides command and control of the United States Army Reserve (USAR) during peacetime. The USARC is commanded by Forces Command (FORSCOM). The middle management level between the USAR and USARC is provided by Reserve Support Commands (RSCs) that divide the Continental United States into 10 regions. The RSCs provide the orders and funding for Army RC unit training. The 81st RSC, located in Birmingham, Alabama is in command of the majority of medical units training at DDEAMC.

b. Army Reserve Personnel Command (AR-PERSCOM): Responsible for the personnel administration and/or record keeping for the Individual Mobilization Augmentee (IMA) program, the Standby Reserve, the Individual Ready Reserve (IRR) and all retired personnel, both active duty and reserve.

c. Air Force, Navy and Coast Guard units are governed by specific Memoranda of Agreement (MOA) written with each unit and signed by Commanders of each of the units. These MOA are kept on file at the Education and Training Division of Hospital, Education and Training at DDEAMC.

CHAPTER 2

TRAINING PHILOSOPHY

1. A priority of DDEAMC is to provide a meaningful training experience to USAR WARTRACE TDA units and their personnel. In order to accomplish this mission, assessment tools must be incorporated to determine the proficiency of the individual, the level of training required, and provide feedback to the unit in order for their home station to focus on deficiencies.

2. This regulation establishes the use of the following tools essential to the goal of trained WARTRACE personnel ready to perform their mobilization mission:

a. AMEDD Systematic Modular Approach to Realistic Training (ASmart):

(1) In accordance with MEDCOM Reg 350-4, the ASmart book must be utilized at home station during IDT and brought by the soldier to AT. This is the only means to be used to document proficiency standards of each enlisted soldier. The ASmart provides hands-on, documented, individual training. Tasks in each module are judged essential for medical readiness.

(2) The ASmart is used during IDT to identify training needs of each soldier. It should be utilized to document MOS tasks the soldier is proficient in and those tasks that must be trained at DDEAMC. Once that is completed, the remainder of the tasks serve as that soldier's individual training schedule for AT.

(3) Thirty days (30) prior to AT, provide the numbers, ranks and MOSs' of personnel to be trained. Include any specialty training that soldiers may need, particularly if it is mission essential and sustainment training in the task is critical. Provide information concerning any unique training needs the soldier may have. The needs and tasks should be specific. Duty/training assignments will be made for the soldier while on AT with DDEAMC once this information is provided.

(4) To order ASmart manuals:

Commander, AMEDDC&S
ATTN: MCCS-HSN, BLDG #4191
2105 11th Street
Ft Sam Houston, TX 78234-6199

COMMERCIAL: (210) 221-5877
DSN 471-5877
TOLL FREE 1-800-344-2380

b. Comprehensive Based Skills Checklist (CBSC) to assess level of competency in both entry level skills and critical thinking in career fields 91B, 91C, 91X, and 66 series.

(1) The competency checklist will be used by the MTFs and USAR reserve units to assess the training needs of soldiers before, during and after AT.

(2) The CBSC will be prepared by the soldier and their first line supervisor during the year at home station. During AT, the CBSC will be utilized to identify training needs of the soldier. At the completion of AT the CBSC can then be used as a tool to formulate the soldier's future training needs and help develop a yearly training plan to meet those needs.

(3) The CBSC is not a substitute for the ASmart manual but will be used in conjunction with ASmart to train the aforementioned career fields.

b. Training Assessment Model (TAM):

(1) The TAM will be administered to all DDEAMC WARTRACE units every other year. The intent of the TAM is to provide the unit commander with a comprehensive overview of shortfalls in trained personnel in MOBTDA positions. Using this information, the commander can then focus on recruiting personnel for those slots and formulating a plan to improve Duty Military Occupational Skill Qualification (DMOSQ) shortfalls.

(2) The Readiness Division, SERMC will serve as the evaluator for each TAM.

d. Organizational Assistance Program (OAP): A meeting with key personnel from both the unit and the SERMC will take place during the units AT. During that meeting the OAP checklist will be used to determine areas the unit requires assistance to meet their mobilization mission. It is not an inspection of the unit but rather an opportunity for the unit commander to identify training detractors and seek the help of SERMC in resolving those problems.

CHAPTER 3

DEFINITIONS

- 1. RESERVE COMPONENT (RC):** Each branch of the service has an AC and one or more RC. The RC of the Army is the USAR and Army National Guard (ARNG). The U.S. Navy Reserve (USNR), Air National Guard (ANG), and U.S. Air Force Reserve (AFR) are RC's who also train at DDEAMC.
- 2. TROOP PROGRAM UNIT (TPU):** A unit which is designated to perform a particular mission during time of war or national emergency. Table of Organization & Equipment (TO&E) units mobilize as a hospital or similar organization. Table of Distribution and Allowances (TDA) units are assigned to backfill or expand DDEAMC (specific fixed facility) in the event of mobilization or national emergency. The TDA unit's training mission will reflect DDEAMC's wartime mission.
- 3. INDIVIDUAL MOBILIZATION AUGMENTEE (IMA):** A reservist who is assigned to a specific paragraph and line number of the Medical Treatment Facility's (MTF's) Mobilization TDA. The IMA soldier will backfill for Professional Filler (PROFIS) losses or augment during time of war. The IMA is authorized 12 days of Annual Training (AT) each fiscal year and should train in their assigned wartime position.
- 4. DRILLING IMA'S (DIMA's):** An IMA assigned to a specific paragraph and line number of the MTF's Mobilization TDA. The DIMA soldier is authorized an additional 12 days of Inactive Duty for Training (IDT) for points and pay each fiscal year.
- 5. NATIONAL AMEDD AUGMENTATION DETACHMENT (NAAD):** Soldiers assigned against valid USAR TPU vacancies for readiness reporting and mobilization. They are further attached to the NAAD for all personnel management, financial, and training support. The NAAD program provides an alternate program for active reserve participation for USAR AMEDD soldiers who do not reside within commuting distance of a USAR medical unit.
- 6. INDIVIDUAL READY RESERVE (IRR):** The IRR consists of pertained individual soldiers assigned to various control groups for control and administration who are available for mobilization in time of war or national emergency declared by Congress.

7. SPECIALIZED TRAINING FOR ARMY RESERVE READINESS (STARR):

The STARR program is an alternate approach to provide sufficient training opportunities in selected medical skills to meet USAR mobilization requirements.

8. MILITARY MEDICAL ORIENTATION (STARR/Phase III): is a specified period of time during which the soldier functions in the MOS for which they were enlisted.

9. PROFICIENCY TRAINING: is a specified period of time during which the soldier functions in the MOS for which they were enlisted as a prerequisite for award of the MOS.

10. ARMY CIVILIAN ACQUIRED SKILLS PROGRAM (ACASP): The ACASP attracts and uses persons with civilian-acquired skills required by the Army, reducing training loads and costs and is an added means for rapid mobilization.

11. SPECIAL STAFF: Requires specific orientation to the work place. Special staffs include, but are not limited to the following employees: Forensic, Red Cross Volunteers, Contract Personnel, students and reservists.

12. AMEDD SYSTEMATIC MODULAR APPROACH TO REALISTIC

TRAINING (ASMAART): This program has been developed and mandated by Medical Command (MEDCOM) to meet the need for standardized medical proficiency training. The AMEDD enlisted soldiers are to utilize the ASMAART while on annual training. Hands-on, documented, individual training is provided in a fixed MTF. Tasks included in each module are those judged to be essential for medical readiness but which are not routinely performed in the unit environment. Each unit is responsible to ensure each enlisted soldier brings their ASMAART book with them to AT. The ASMAART books are not available at DDEAMC.

13. TRAINING ASSESSMENT MODEL (TAM): A formal evaluation tool during AT. A method to evaluate the clinical competency, training, and readiness for all medical TDA TPUs.

CHAPTER 4

RESPONSIBILITIES FOR SUPPORT OF RC TRAINING

1. The responsibilities for the support of RC training are listed below:

a. Southeast Regional Medical Command (SERMC), Readiness Division:

(1) The RC Integration, Quality Improvement (QI)/Training Officer/NCO will coordinate the scheduling of Annual Training periods for all units and for individuals performing training at DDEAMC.

(2) Assist in the preparation and completion of the Training Assessment Model (TAM). Review and forward the completed TAM through the unit's chain of command.

(3) Conduct information briefing for the unit commander and his staff during the AT period.

b. Reserve Components Training Branch:

(1) The Reserve Training Officer/NCO/IMA Coordinator will serve as liaison personnel for all units and individual RC personnel performing training at DDEAMC.

(2) Provide duty sections necessary information concerning incoming RC personnel.

(3) Assure that RC personnel are oriented no later than (NLT) close of business (COB) the first duty day.

(4) Coordinate the preparation of any reports directed at higher headquarters.

(5) Provide coordination to ensure the proper handling of mail.

(6) Coordinate Inprocessing Briefing/Organizational Level Orientation.

(7) Coordinate scheduling of individual soldiers into appropriate sections for training.

(8) Insure RC personnel report for training with required administrative tasks accomplished prior to AT (i.e., immunizations, mandatory briefings, BLS, etc.).

c. Each Department/Division/Service will:

(1) Plan and supervise the training of RC personnel to provide optimum benefit to the RC and DDEAMC.

(2) Provide sponsors to perform as coordinators for RC personnel working in their respective activities. Sponsors will escort their personnel to the duty section after the welcome briefing and orientation on the first day of AT.

d. Duty station/work area supervisors will:

(1) Provide a unit specific orientation to the work area.

(2) Complete evaluations using the appropriate methods described in chapter 11.

(3) Directly supervise training of personnel to insure maximum benefit.

CHAPTER 5

POLICIES

1. ORIENTATION AND COMPETENCY:

a. All reserve personnel must complete an orientation to DDEAMC and their unit/area of assignment IAW DDEAMC REG 350-6. (See Chapter 10 of this regulation for specific information on orientation.) This is also in compliance with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. Evaluation of competency and training for enlisted army medical personnel is performed IAW the ASmart. Other individuals assigned for training will use the appropriate competency assessment tool for their AOC/MOS and the area of training. United States Naval Reserve Personnel and United States Air Force personnel use the systems approved by their Service, after review by Chief, Education and Training Division.

b. Reserve Component units assigned or aligned with DDEAMC will be required to maintain documentation of AOC/MOS competency. Units assigned Caretaker (CT) backfill will use Competency Documentation File (CDF) of DDEAMC.

c. All personnel that have contact or potential contact with patients must be Basic Life Support (BLS) certified, IAW Memorandum, HQDA, DASG-PSZ, 16 July 1990. Certification through the American Red Cross, the card must state "Basic Life Support for the Professional Rescuer." Certification through the American Heart Association must be Course C, "Basic Life Support for Health Care Providers." All individuals must have their original BLS card with them on AT.

d. Guidelines for credentialed/privileged health care providers are at Appendix B. The immunization requirements are listed at Appendix C. The TPU Annual Training Processing Roster at Appendix D is required to be forwarded to the Reserve Components Training Branch NLT 60 days prior to AT. This processing roster contains all requirements, i.e., license number with expiration date, BCLS expiration date, CHCS competency and immunizations. Providers will not perform patient care duties prior to clearance by the Quality Management Division.

e. All nurses (Registered, Licensed Vocational or Licensed Practical) must have a valid, current professional license IAW AR 40-68, 9-1, 20 Dec 89 or similar USN and USAF Regulations. **THE ORIGINAL LICENSE MUST BE WITH THE INDIVIDUAL DURING THE INPROCESSING BRIEF. If Emergency Medical Technician (EMT) or any other certification is required to work at DDEAMC, the original letter or card of certification must be with the individual during the inprocessing brief.**

4. OCCUPATIONAL HEALTH POLICIES:

a. All individuals must meet specific immunization requirements as listed in Appendix C. An updated copy of Appendix D will be brought with the unit and reviewed on inprocessing day to determine which personnel have completed the requirements and may start training. Reserve personnel will not perform clinical training in DDEAMC without the required documentation.

b. Particulate Respirators: IAW DDEAMC Memorandum 40-37, Tuberculosis (TB) Exposure Control Plan, particulate respirators are required by personnel assigned to DDEAMC when involved in the direct managed care of suspected or confirmed TB patients. Personnel must be medically cleared and fit tested by Preventive Medicine Service (Occupational Health and Industrial Hygiene) prior to using the respirators. Personnel assigned to one of the “high risk” areas (9 East, MICU, Ambulatory Surgery (Bronchoscopy Section), Emergency Department (ED) or Pulmonary TB Clinic within DDEAMC, can be fit tested by the unit level TB respiratory training coordinator.

c. **UNIFORMS:** In accordance with established practice at DDEAMC, RC staff members involved in providing patient care will wear the white duty uniform. Administrative personnel will wear the Class B. Hair, mustaches, jewelry, eyewear, footwear, etc. must conform to U. S. Army, Navy or Air Force regulations. Scrubs are supplied and laundered by the hospital for wear only in the duty area. Individuals must have on a name tag with appropriate rank and last name.

4. COMPUTER TRAINING:

a. The Composite Health Care System (CHCS) is the computer/clinical information system used at DDEAMC. Training on this system must be completed by selected personnel in order to access information and perform patient care. Individuals requiring this training include, but are not limited to, physicians, all Registered Nurses, pharmacy, radiology and laboratory personnel, licensed practical nurses, and 91Bs.

b. The CHCS training is scheduled as part of the orientation/inprocessing of the RC personnel. The arrival date of the RC unit/individual determines the exact date of the class. Classes are usually held the afternoon of orientation or the next duty day.

c. Units should make every effort to pre-qualify their providers at home station prior to arrival to AT in order to maximize available training at DDEAMC. Reserve Components Training Branch will assist in coordination of this training.

5. **RETURNING EQUIPMENT AND BOOKS:** The last Thursday of AT or before the end of any training, all equipment/reference materials signed out by RC personnel will be returned to the appropriate location.

6. **WORK ASSIGNMENTS:** Assignments are made in coordination and cooperation with the Reserve Components Training Branch and the Chiefs of departments/divisions/services. The assignments depend on specific orders or positions filled (such as MOBTDA, IMA, etc.), the individual's AOC/MOS, the training needs and mission of the reserve personnel and the needs of the MEDCEN. Please be mindful that reserves, as well as AC, may be required to work any and all shifts.

CHAPTER 6

TYPES OF TRAINING

1. **Annual Training (AT):** a period of full-time duty for members of the Army National Guard and a period of active duty for members of the Army Reserve, required to be performed each fiscal year. Training may be accomplished at installations or other areas that may be appropriate for gaining or sustaining individual or unit skills. Annual training will be of a duration of 12 to 17 days.

2. **Inactive Duty for Training (IDT):**

a. The TPU: the most common example of IDT for TPU members is the “weekend drill”.

b. The IMA: may perform IDT, or “drill for points only”, if attachment orders have been issued by U.S. Army Reserve Personnel Command (ARPERSCOM). This drill may be performed on a weekend or during the week. A DA Form 1380, Record of Individual Performance of Reserve Duty Training, is required for IDT drill for IMAs. See Chapter 8 for the IMA Program.

c. The DIMA: will perform 12 days IDT each fiscal year for points and pay. A DA Form 1380, Record of Individual Performance of Reserve Duty Training is required for the DIMA IDT drills. The department/division/service will prepare a Drilling IMA IDT/AT Planning Calendar for each fiscal year. A DD Form 577, Signature Card, is prepared by the IMA Coordinator for the DIMA. See Chapter 9 for the DIMA Program.

d. The NAAD: may perform IDT, only if a Memorandum of Agreement (MOA) between the NAAD and DDEAMC has been coordinated and approved. A DA Form 1380, Record of Individual Performance of Reserve Duty Training is required for the NAAD drills. See Chapter 10 for the NAAD Program.

3. **Active Duty for Training (ADT):** Active Duty (AD) performed by a RC member who attends school, counterpart training, or other special training activity, usually in addition to AT.

4. Alternate AT or Rescheduled Training (RST): a means by which a TPU member is granted permission to perform AT or IDT on dates different from their unit's scheduled training dates. Completed and signed DA Form 1380 is also required for TPU members that perform RST. See Chapter 7 for the TPU Program.

5. Specialized Training for Army Reserve Readiness (STARR): The STARR program is an alternate approach in providing sufficient training opportunities in selected medical skills to meet USAR mobilization requirements. Qualified Non-Prior Service (NPS) and Prior Service (PS) soldiers complete training leading to award of a MOS at a civilian college or technical school with concurrent assignment to a USAR TPU. The STARR program consists of up to three (3) phases of training. Phase I (if applicable) is eight (8) weeks of basic training. Phase II consists of up to two (2) years of training in an academic curriculum at an accredited civilian institution. Phase III is four (4) weeks of military medical orientation conducted on active duty at an Army MTF for NPS soldiers. The following MOSs are included: 91B, 91C, 91D, 91K, 91P, 91Q, 91V. Proficiency training is a specified period of time during which the soldier functions in the MOS for which they were enlisted. The type of proficiency training required is determined by:

- a. The NPS, age 17-25, require four (4) weeks proficiency training at MTF.
- b. The NPS, age 26-34, require 48 hours proficiency training at unit of assignment.
- c. The PS must complete 48 hours proficiency training at unit of assignment.

6. Army Civilian Acquired Skills Program (ACASP): ACASP enlistment training options require completion of a specified period of proficiency training as a prerequisite for award of the MOS, for NPS males only.

CHAPTER 7

TROOP PROGRAM UNIT (TPU)

1. PRE-CAMP:

a. A Pre-Camp Conference is held formally once a year for all Reserve Component units scheduled for the next Fiscal Year (FY). During the conference representatives from Directorate Reserve Component Support (DRCS), Reserve Components Training Branch, DDEAMC credentialing, and the SERMC will brief RC unit representatives on AT reserve training prerequisites, expectations and opportunities.

b. A Unit Manning Report (UMR) is required from each unit at the Pre-Camp Conference.

c. Upon completion of pre-camp activities, the Reserve Components Training Branch will reserve space for the reserve units' orientation day.

2. COORDINATION OF TRAINING: Reserve units must follow the Timeline Checklist located at Appendix E.

a. At the start of each fiscal year, DDEAMC will receive a list of RC units and their projected AT dates at DDEAMC from SERMC. Final confirmation of the AT dates will be available upon completion of a pre-camp conference.

b. Unit will arrive NLT 0630 on the first Monday of training to DDEAMC auditorium on the first floor of the hospital for sign-in on DA Form 647, Personnel Register, receipt of badges and licensure verification. The DA Form 647, Personnel Register, will be maintained by the Reserve Components Training Branch as a record of attachment/detachment of TPU RC personnel. The hospital orientation/inbriefing will begin at 0730.

c. Soldiers working in clinical patient care areas at DDEAMC will report to the Head Nurse/Charge Nurse on their assigned unit. The RC soldiers performing Rescheduled Training (RST) on the weekday evening/night shifts or any shift on the weekend will report to the Nursing Supervisor on the 11th floor of DDEAMC. The RC soldier will provide proof of license (AN/91C) and current BCLS certification card upon reporting to the appropriate supervisor.

3. INPROCESSING:

- a. Units performing AT will have the advance party report to DDEAMC Reserve Components Training Branch, 12th floor, Room 12B-11, prior to 1000 hours, Friday before the main body is due to report to DDEAMC for their AT.
- b. All post support requirements will be directed to the DRCS. Example: Billets, mess, administration offices, linens, and vehicles. Point of contact is the Training Coordinator, DRCS, (706) 791-6384/5321.
- c. The Organizational Level Orientation agenda for RC Personnel is in Chapter 12.
- d. Uniforms: as stated in Chapter 5.

4. WORK SCHEDULES:

- a. All assignments will be the responsibility of Reserve Components Training Branch, after coordination with the appropriate department/division/service personnel. Physician assignments will be managed by Deputy Commander for Clinical Services (or designee). Nurse Corps assignments will be managed by the Chief, Department of Nursing (or designee). Enlisted assignments will be coordinated by the Reserve Training NCO, Chief Wardmaster and the Command Sergeant Major.
- b. All non-privileged providers must complete the USAR Data Sheet for AT, Appendix F, and send to Reserve Components Training Branch 30 days before start of AT.
- c. DDEAMC section/duty station OICs/NCOICs will determine the training schedule for all RC soldiers assigned for AT. Be mindful that all three (3) shifts are considered for scheduling and personnel may be required to work any of the three (3) shifts.
- d. The RC TOE units who have been approved to perform Medical Proficiency Training (MPT) during AT will train according to unit's requested schedule.
- e. Names of personnel on CQ will be submitted to the Administrative Officer of the day (AOD).
- f. Any duty schedule changes must be coordinated with the appropriate immediate supervisor.

g. Changes to rosters and clinical assignments must be coordinated between the TPU staff and Reserve Components Training Branch.

h. Assignments will be based on MOBTDA positions (for those TDA units aligned with DDEAMC) and when possible, on clinical area listed under assignment preference on the USAR Data Sheet for AT. Excess personnel will train in their AOC/MOS by the needs of the hospital and the unit.

i. Work Schedules for Credentialed/Privileged Health Care Professional (HCPs) will be established by the immediate supervisor.

j. Make up IDT may be performed by RC TPU members. The RC soldier's unit will coordinate requested dates/work shift with Reserve Components Training Branch NLT 10 days prior to the RST. The soldier will be assigned to work in their assigned MOBTDA position.

k. A sample DA Form 1380 for TPUs is at Appendix G.

5. **Use of Nutrition Care Staff Dining Room.** See Appendix H for policy. Samples to use when completing documentation for officers are included.

6. A staff office is located on the 12th floor, Room 12B-09, for TPUs.

7. All TPUs are reminded that office supplies and equipment are the responsibility of the unit, i.e., computers, typewriters, paper, pens, paper clips, etc. The unit is required to bring this type equipment with them to AT, as it is not available from DDEAMC.

CHAPTER 8

INDIVIDUAL MOBILIZATION AUGMENTEE (IMA)

1. **REFERENCE:** AR 140-145, 23 November 1994

2. **DESCRIPTION OF PROCEDURES:**

a. Upon receipt of an assignment order, the IMA Coordinator, Reserve Components Training Branch, forwards a Memorandum of Assignment, to include a copy of the assignment order, to the appropriate department/division/service. The IMA Coordinator forwards a Welcome Packet, to include general information, and a memorandum requesting the DA Form 1058 is forwarded to the IMA. The DA Form 1058 must be returned to coordinate the soldier's two (2) weeks of AT. Requests for AT are submitted to the Reserve Components Training Branch 90 days prior to the first day of AT. Requests for AT less than the required 90 days will be returned to the IMA requesting alternate dates. All DA Form 1058s should be submitted prior to the end of February of each year. A DA 1058 is at Appendix I.

b. Upon receipt of the DA Form 1058 from the IMA, the IMA Coordinator, Reserve Components Training Branch notifies the appropriate department/division/service in writing with the primary and alternate dates of training requested by the IMA. A 10 day working suspense for a response is given. The department/division/service is required to notify the IMA Coordinator, Reserve Components Training Branch with the training dates selected. The MOBTDA is updated at the time of receipt of the DA Form 1058.

c. The IMA Coordinator, Reserve Components Training Branch, notifies the IMA in writing, of the training dates selected. The IMA is forwarded inprocessing procedures and information where to report on the first day of training.

d. The IMA Coordinator maintains a by-name roster to include rank, dates of training, SSN, AOC/MOS, address, and home telephone number is maintained in order to obtain billets. This by-name roster is also provided to the Credentials Office for any appropriate actions they deem necessary. Upon assignment, the credential folder for the IMA is forwarded by ARPERSCOM to the Credentials Office, DDEAMC. The credential folder is maintained at DDEAMC.

e. The IMA Coordinator will provide, in writing, a confirmation number for housing/billets. The IMA is instructed to report to the housing/billeting office on the Sunday preceding the start of AT with a copy of orders and the confirmation number.

f. The IMA is instructed to report to the IMA Coordinator, Reserve Components Training Branch, for inprocessing NLT 0800 on the first day of AT.

g. The OER/NCOER packet is given to the IMA to be hand carried to the department/division/service. Soldiers completing twelve (12) consecutive days of AT will receive an OER/NCOER. The OER/NCOER has a suspense of two (2) weeks after the completion of the IMA AT and is returned to the IMA Coordinator, Reserve Components Training Branch.

h. The Army Physical Fitness Test (APFT), to include height/weight information, is administered to the IMA by Operations and Training, Troop Command. All IMA soldiers will take the APFT. Soldiers with profiles must provide a copy of the profile during inprocessing. All IMAs that have a profile will have height and weight measurements taken in the Army gray APFT uniform. All IMAs will be tested in the push-up, sit-up and two mile run. Soldiers on profile will be tested according to the limits of the profile to include the alternate event identified. IMAs that are cleared to take the APFT but fail to test will be flagged.

i. The IMA is instructed to outprocess the last duty day no later than 1300. Outprocessing procedures are conducted by the IMA Coordinator, Reserve Components Training Branch.

j. Any IMA soldier that performs duties in a “points only” status must have orders attaching the individual to the MTF. This allows the soldier to train with the attached agency and receive retirement point credit for duties performed. Failure to have attachment orders published jeopardizes the soldier and the MTF.

k. A sample DA Form 1380 for “points only” training is at Appendix J. An extract from AR 140-185, para 3-3, Instructions for Completion of the DA Form 1380 is at Appendix K.

CHAPTER 9

DRILL INDIVIDUAL MOBILIZATION AUGMENTEE (DIMA)

1. REFERENCE: AR 140-145, Individual Mobilization Augmentation (IMA) Program, 23 November 1994.
2. SCOPE: The DIMA designation represents a special subcategory within the overall IMA Program. These authorizations have been established to support a limited number of particularly important mobilizations required positions. These jobs require an incumbent to maintain an even higher level of proficiency than a regular IMA soldier.
3. This higher level of proficiency is achieved and maintained by authorizing soldiers assigned to documented DIMA positions to perform a prescribed number of additional periods of IDT, for pay, throughout the year. This is in addition to their mandatory 12 days of AT. The actual number of additional IDT periods that a DIMA soldier will be authorized to perform will not exceed 48 periods of IDT per year. They will be specifically prescribed and annotated on the orders assigning a soldier to the DIMA position.
4. The DIMA soldiers are not authorized travel expenses or per diem while performing periods of IDT. Therefore, soldiers interested in being considered for assignment to a DIMA position must understand and be willing to cover those costs at their own expense. Ideally, soldiers being considered for assignment to a DIMA position should reside within reasonable commuting distance of the designated duty location to ensure their availability for training.
5. Proponent agencies will determine training dates, prepare DA Form 1380 (sample located at Appendix L) and certify satisfactory IDT performance. Certifying officers or their designated representatives must have a DD Form 577, Signature Card, on file with the ARPERSCOM DIMA Division.
6. Pay certification:
 - a. As IDT performance is certified, completed DA Form 1380 will be forwarded to the IMA Coordinator, Reserve Components Training Branch, for processing to AR-PERSCOM, within 72 hours of duty completion. A completed copy of DA Form 1380, with signature, is maintained on file and will also be provided to the soldier for his or her personal records.

b. Travel expenses to and from a duty location, as well as those incurred at IDT sites, are not reimbursable. However, DIMAs may be authorized to perform temporary duty once they have reported to their designated duty station so long as such funding is provided by their parent proponent agency.

7. Performance Evaluations: Evaluation reports will be prepared and submitted annually NLT 90 days following the anniversary date of the soldier's assignment to the DIMA position. The DIMA performance evaluations will include both AT and IDT periods of duty. Yearly evaluations will be forwarded to the IMA Coordinator, Reserve Components Training Branch for processing to AR-PERSCOM.

CHAPTER 10

NATIONAL AMEDD AUGMENTATION DETACHMENT (NAAD)

1. **REFERENCE:** NAAD Policy #1, 18 October 1993 (with changes 1 and 2).

2. **GENERAL:**

a. The NAAD will manage attached personnel and process their personnel actions. The NAAD maintains a Practitioner Credentials File (PCF) on each attached officer requiring privileging and takes responsibility for other requirements in accordance with AR 40-68, Quality Assurance Administration.

b. The NAAD training requirements are designed to support mobilization and readiness IAW military doctrine, while providing flexibility, where possible, to meet the individual needs of attached soldiers.

c. The NAAD will provide all pay support to attached personnel.

d. The NAAD personnel will train with Unit of Assignment (UOA) at least once every two (2) years.

3. **DESCRIPTION OF PROCEDURES:**

a. The NAAD personnel will be on individual Annual Training (AT) orders. The AT may be fragmented into no more than two (2) increments. NAAD personnel must perform a minimum of 12 days per Fiscal Year (FY).

b. The NAAD personnel will have individual AT orders that state "training with UOA". For NAAD personnel that train with UOA, the UOA has all responsibility for in/outprocessing, billets, Officer Evaluation Reports (OERs), Noncommissioned Officer Evaluation Reports (NCOERs), Army Physical Fitness Test (APFT), and height/weight. The department/division/service will provide a Reserve Component Officer/Enlisted Performance Evaluation to the UOA in order for the OER/NCOER to be completed.

c. NAAD personnel on individual AT orders that state “site support” will train “without their UOA”. DDEAMC Reserve Components Training Branch will in/outprocess, coordinate billets, APFT and the height/weight for all NAAD personnel that train “without their UOA”. The department/division/service will be responsible for completion of the OER. **ONLY NAAD PERSONNEL THAT TRAIN FOR MORE THAN 11 CONSECUTIVE DAYS WILL RECEIVE AN OER/NCOER.** A two (2) week suspense date is given to return the OER/NCOER to Reserve Components Training Branch.

d. The immediate first line supervisor for the NAAD personnel is required to validate (sign) the completion certification on the orders for the NAAD personnel that will train “without their UOA”. The immediate supervisor verifies that duty was satisfactorily performed.

e. NAAD personnel will be instructed to outprocess their last duty day no later than 1300. Outprocessing procedures are conducted in Reserve Components Training Branch.

f. NAAD personnel performing fragmented AT will be on orders while performing duty. The supervisor’s signature on the certificate of performance or individual AT orders is required to verify completion of duty. The NAAD personnel must provide this documentation to the supervisor for signature.

g. A sample DA Form 1380 for NAAD personnel is at Appendix M.

CHAPTER 11

INDIVIDUAL READY RESERVE

1. **REFERENCE** AR 140-10, Chapter 4, 1 September 1994

2. **DESCRIPTION OF PROCEDURES:**

a. The IRR soldier coordinates with the Army Reserve Personnel Command (AR-PERSCOM) to obtain training dates.

b. Upon notification by ARPERSCOM or the Directorate of Reserve Components Support (DRCS) of the name, rank, SSN and dates of training the coordination is accomplished with appropriate department/division/service.

c. A by-name roster to include rank, dates of training, SSN, AOC/MOS, address and home telephone number is maintained in order to provide information to obtain billets. This by-name roster is also provided to the Credentials Office for any appropriate actions they deem necessary.

d. The IMA Coordinator, Reserve Components Training Branch, will notify the IRR soldier of the confirmation number for billets prior to arrival for training.

e. The IRR soldier is instructed to report to the IMA Coordinator, Reserve Components Training Branch for inprocessing NLT 0800 on the first day of training.

f. The Army Physical Fitness Test (APFT), to include height/weight information, is administered to the IRR by Operations and Training, Troop Command. All IRR soldiers will take the APFT. Soldiers with profiles must provide a copy of the profile during inprocessing. All soldiers will be tested in the push-up, sit-up and two mile run. Soldiers on profile will be tested according to the limits of the profile to include the alternate event identified. IRR soldiers that are cleared to take the APFT but fail to test will be flagged.

g. The OER/NCOER packet is given to the IRR soldier to be handcarried to the department/division/service. Soldiers completing twelve (12) consecutive days of Active Duty for Training (ADT) will receive an OER/NCOER. The OER/NCOER has a suspense of two (2) weeks after the completion of the IRR IDT and is returned to the IMA Coordinator, Reserve Components Training Branch.

h. The IRR soldier is instructed to outprocess the last duty day no later than 1300. Outprocessing procedures are conducted by the IMA Coordinator, Reserve Components Training Branch.

i. Any IRR soldier that performs duties in a “points only” status must have orders attaching the individual to the MTF. This allows the soldier to train with the attached agency and receive retirement point credit for duties performed. Failure to have attachment orders published jeopardizes the soldier and the MTF.

CHAPTER 12

ORIENTATION TO DDEAMC

1. **GENERAL:** Orientation to EAMC is the responsibility of the Reserve Components Training Branch, EAMC and is IAW JCAHO standards and DDEAMC Reg 350-6.

2. ORIENTATION FOR INDIVIDUALS (IMA, NAAD, IRR)

a. Individuals inprocess at the Reserve Components Training Branch, 12th floor, Room 12B-11. The individual receives the Quick Track orientation publication and a packet containing information where to inprocess IAW orders. The individual is then instructed where to report for training. The duty section will provide the unit orientation. This unit orientation is documented with the Special Staff Orientation Checklist, located at Appendix N.

b. Reserves providing direct patient care in a medical MOS/AOC, the unit specific orientation checklist must be completed.

c. These orientation checklists are maintained in a manila folder by the DDEAMC OIC/NCOIC and must be available for inspection.

3. ORIENTATION FOR TPUs:

a. Units assigned or aligned with EAMC will receive the Quick Track publication in the January time frame of each year or as it is updated. This document is to be copied and given to each member attending AT, prior to the AT date. Each individual training at DDEAMC must read, sign and date the signature on the last page of this publication, attesting to reading and understanding the information. The first day of orientation (usually Monday of the two-week cycle), a written test on orientation subjects will be given to all individuals to test knowledge of orientation subjects. The test will be administered and graded by Reserve Components Training Branch. Selected Subject Matter Experts (SMEs) will be available to answer questions.

b. Units designated, as CT PROFIS backfill units (i.e., 3297th USAH) will complete the organization orientation checklist as required by permanently assigned DDEAMC personnel. This checklist will be supplied by the unit's training officer as part of the CDF. This checklist will be completed along with unit specific orientation checklists during training. The CDF should be completed within six (6) months of assignment to the reserve unit.

c. Orientation Agenda. Orientation is conducted on the first Monday of the two- (2) week training cycle. See Appendix O for the Orientation Agenda. All unit members are required to attend, including those in Headquarters element.

CHAPTER 13

EVALUATIONS

1. **Competency Evaluation:** In accordance with current JCAHO standards, health care organizations must demonstrate the competency of their health care providers. This must be accomplished annually for RC personnel assigned or aligned with DDEAMC IAW DDEAMC Reg 350-7 or other documentation systems for competency verification.
2. **TPU Evaluations:** Immediate Active Component (AC) supervisors will complete the Reserve Component Officer Performance Evaluation for officers, Appendix P, and Reserve Component Enlisted Performance Evaluation for enlisted, Appendix Q, on each TPU RC soldier assigned to them, at the end of each AT period. The completed evaluation forms will be given to the Reserve Components Training Branch by the immediate supervisor or designee NLT COB on the last Thursday of AT. The Reserve Components Training Branch will make copies as appropriate and return the originals to the reserve unit leadership.
3. **Individual (IMA/NAAD/IRR) Evaluations:** Individual reserves that train for more than 11 consecutive days will receive an OER/NCOER.
4. **After Action Reports (AAR):** The AARs are to be submitted by each unit to the Reserve Components Training Branch NLT the second Thursday of the two (2) week training period. The following should be included:
 - a. Adequacy of orientation by MEDCEN to the Center and Post.
 - b. Appropriateness of assignment considering individual SSI/MOS background and training needs.
 - c. The effect annual training had on SSI/MOS competency, proficiency and/or performance improvement.
 - d. Effectiveness and expediency of integrating personnel into duty stations.
 - e. Administrative, logistic, communication or other problems.

f. Other comments as desired.

g. List of soldiers, AOC/MOS, rank, duty assignment during training at DDEAMC.

5. Unit Annual Training Evaluation of DDEAMC: TPU members will complete a Reserve Annual Training Evaluation, Appendix R, to provide feedback of the facility and post. This will be returned to Reserve Components Training Branch NLT the last Thursday of AT.

6. Training Assessment Model (TAM): The completed document will be forwarded to the Chief, RC Integration, QI/Training, within ten (10) days of the completion of the unit's AT.

APPENDIX A

REFERENCES

1. AR 40-68, Quality Assurance Administration
2. AR 140-10, Assignments, Attachments, Details and Transfers
3. AR 140-145, Individual Mobilization Augmentee Program
4. AR 140-185, Training and Retirement Point Credits and Unit Level Strength Accounting Records
5. AR 350-1, Army Training
6. AR 623-105, Officer Evaluation Reporting System
7. AR 623-205, Enlisted Evaluation Reporting System
8. MEDCOM Reg 350-4, Support Plan for Training of USAR/ARNG Medical Personnel
9. DDEAMC Memorandum 40-37, Tuberculosis Exposure Control Plan
10. DDEAMC Regulation 350-6, Organizational Training: Orientation Programs
11. DDEAMC Regulation 350-7, Management and Documentation of Competency Using the CDF
12. USASC&FG Reg 140-1, U.S. Army Signal Center and Fort Gordon RC Unit Training
13. DA Pam 153-3, a Guide to Reserve Components Training
14. FM 25-100, Training the Force
15. FM 25-101, Battle Focused Training
16. Accreditation Manual for Hospitals, Joint Commission on Accreditation of Health Care Organizations

APPENDIX B

Requirements for Credentialed/Privileged Healthcare Providers

1. **GENERAL GUIDELINES:** The following individuals require credentials forms completed and submitted 60 days prior to arrival at this facility. The forms should indicate the specialty and/or the specific privileges/credentials requested. These will be forwarded through the appropriate department/division/service chief for signature. The DA Form 4691-R, assignment location, indicates department/division/service assigned to at DDEAMC, not the Reserve Unit.

- a. All Medical Corps (MC) officers
- b. All Dental Corps (DC) officers
- c. Army Nurse Corps (ANC) officers in the following specialties:
 - (1) Nurse Anesthetists
 - (2) OB/GYN Nurse Practitioner
 - (3) Pediatric Nurse Practitioner
 - (4) Adult Nurse Practitioner
 - (5) Family Practice Nurse Practitioner
 - (6) Psychiatric Clinical Nurse Specialist
- d. Physician Assistants
- e. Medical Service (MS)/Medical Specialist Corps (SP):
 - (1) Optometrists
 - (2) Audiologists
 - (3) Podiatrists
 - (4) Social Workers

- (5) Clinical Psychologists
- (6) Physical Therapists
- (7) Occupational Therapists
- (8) Dietitians

2. CREDENTIALING: Follow guidelines listed below:

- a. Health Care Providers who are individually credentialed will complete a DA Form 4691-R.
- b. DA Form 5440-R series will be completed by the Health Care Provider who is individually credentialed.
- c. DA Form 5754-R will be completed (all blocks).
- d. Personal Data Form will be completed.
- e. Statement of Affirmation will be signed and dated.
- f. Release of Information form will be signed and dated.

3. PRACTITIONER CREDENTIALS FILE (PCF): Units will be responsible for maintaining the PCFs. Health care practitioners will not be granted clinical privileges prior to all appropriate documents being available to validate the member's education, training, experience, licensure or certification and current competence.

- a. Physicians need the following in their PCF.
 - (1) Medical School diploma
 - (2) Internship certificate
 - (3) Residency certificate(s)
 - (4) Fellowship certificate(s)

- (5) Board certification certificate(s)
- (6) Copy of all licenses held, active and inactive
- (7) DEA certificate
- (8) Curriculum Vitae (CV)
- (9) Copy of BLS/ACLS card
- (10) Copy of ATLS card, if HCP has one (not required)
- (11) Two current letters of reference from present employer (cannot be older than six months.)

b. All other credentialed/privileged health care providers must have the following in their PCF.

- (1) School diploma
- (2) Board certification certificate(s)
- (3) Copies of all licenses held, active or inactive
- (4) Curriculum Vitae (CV)
- (5) Copy of BLS/ACLS card

4. CREDENTIALS FILES: The PCFs must be made available to this facility at least 60 days before the scheduled arrival of the practitioner. Point of contact is Ms. Tina Luken (706) 787-2720, FAX (706) 787-7901.

APPENDIX C**IMMUNIZATION REQUIREMENTS**

Immunization	Frequency	Comments
IPPD for tuberculosis	Annual	If IPPD positive and no treatment, provide CXR results within five (5) years. If IPPD positive and treated, provide statement indicating personnel have no signs or symptoms of active tuberculosis.
MMR	One if born before 1957; two if born after 1957 OR laboratory evidence of immunity.	
Typhoid	Basic series, oral or injectable	
Tetanus-diphtheria (Td)	Booster every 10 years.	
Influenza	Recommended on a seasonal basis, but required for RC personnel entering active duty for more than 30 days (10 days for Navy personnel).	Influenza season is defined as extending from October through March in the Northern Hemisphere.
Varicella/chicken pox immunity		Status by history or titer. Although not a requirement, the Advisory committee on Immunization Practices (ACIP) now recommends varicella vaccination for susceptible health care workers.
Hepatitis A	Basic series	Vaccine series or titer immunity.
Hepatitis B	Basic series	Vaccine series or titer immunity.
Yellow Fever	Reimmunize every 10 years	Vaccine series or titer immunity
Anthrax	Basic series, annual booster	Hold until further instruction

Immunizations will be recorded on SF 601 (Record of Immunizations) and in PHS 731 (Yellow Shot Record)

APPENDIX E

TIMELINE CHECKLIST FOR TPUs

NINETY (90) DAYS

_____ Troop Program Units (TPUs) that do not attend a pre-camp conference must coordinate training with Reserve Components Training Branch, COMM (706)787-1380/1379, or DSN 773.

SIXTY (60) DAYS

_____ Coordinate with Directorate, Reserve Components Support (DRCS).

_____ Coordinate training with Reserve Components Training Branch.

_____ RC Unit Commanders will forward the first iteration of the unit's AT rosters to Reserve Components Training Branch.

_____ TPUs will provide Appendix D to Reserve Components Training Branch indicating personnel attending AT. A courtesy copy of Appendix D will be mailed by the unit to the SERMC.

_____ Unit will submit complete credentialing files to Quality Management, Credentials Office.

FORTY-FIVE (45) DAYS

_____ The TPU soldier performing scheduled IDT at DDEAMC, training dates will be coordinated by the unit with Reserve Components Training Branch. The unit will be required to show individual licenses and BCLS certification cards on the first day of scheduled IDT.

THIRTY (30) DAYS

_____ Units must notify SERMC in writing or telephonically, followed up in writing, of any cancellation of AT.

_____ The TPU Training Officer or designee will send the following to Reserve Components Training Branch, DDEAMC:

- _____ (1) Updated unit/section alpha roster.
- _____ (2) Completed USAR Data Sheet for Annual Training on each non-privileged provider.
- _____ (3) TDA/TOE assignments for each individual soldier.
- _____ (4) Special assignment requests or training requirements.
- _____ (5) Training objectives for the TPU to accomplish during AT. (AT training schedules)

ONE WEEK

_____ The unit will provide a listing of assigned personnel with rank and SSN to Nutrition Care Division. A memorandum signed by the commander will state BAS status of officer personnel. Unit advanced party will notify Chief, Nutrition Care Division of intended first unit meals.

ADDRESS FOR SOUTHEAST REGIONAL MEDICAL COMMAND:

Southeast Regional Medical Command
ATTN: MCSE-R
BLDG #40709
Ft Gordon, GA 30905-5650

ADDRESS FOR RESERVE COMPONENTS TRAINING BRANCH:

Commander, DDEAMC
ATTN: MCHF-HET-ET-RC
Reserve Components Training Branch (TRAY #59)
Ft Gordon, GA 30905-5650

ADDRESS FOR CREDENTIALS OFFICE:

Commander, DDEAMC
ATTN: MCHF-QM
Credentials Coordinator (TRAY #19)
Ft Gordon, GA 30905-5650

APPENDIX F

USAR DATA SHEET FOR ANNUAL TRAINING

PLEASE PRINT OR TYPE

1. NAME: _____	GRADE: _____		
2. UNIT: _____	SECTION: _____		
3. DATES OF ANNUAL TRAINING; _____			
4. PRIMARY AOC (OFFICER) OR PRIMARY MOS (ENLISTED)			
5. LICENSURE /CERTIFICATION INFORMATION			
LICENSE #	STATE	TYPE	EXP. DATE
6. Present civilian employer, present position and duties:			
7. Do present civilian duties coincide with RC AOC/MOS?		YES	NO
8. Present assignment and duties in USAR unit.			
9. Last Annual Training duty assignment at DDEAMC:			
10. Educational preparation:			
11. Current educational pursuits:			
12. Highest military education completed:			
13. Professional organization memberships:			
14. Special duty or training requests for Annual Training:			

APPENDIX G

HHC, 2d Bde, 200th Div (Inf) (Lt) Greencastle, IN 46135

23 Aug

HHC, 200th Div (Inf) (Lt)
1919 Jack Wilson Road
Crawfordsville, IN 49133-3865

Doe, John E.

MAJ

123-45-6789

IN

ET request (DA Form 4187) approved 19 May 95

15 JUN 95 8 P2 W ILO 2 drills 18 May 95. Reviewed Training Plans
or
N-2

-----NOTHING FOLLOWS-----

1. If DA Form 1380 is prepared for two or more members who perform same duty, enter "SEE ATTACHED ROSTER" in block 5 attach sign in roster or roster of names and highlight name of each member concerned
2. Enter "P" if performance was for pay. Enter "N" if duty was for retirement points only. Enter "1" or "2" to indicate total retirement points earned for the assembly.
3. The In Lier Of (ILO) date MUST be shown for all performances of Equivalent Training (ET).
4. Briefly describe the nature of duty performed.

MARY J. WILSON, CPT, AG, USAR

//SIGNED//

APPENDIX H

UTILIZATION OF DDEAMC NUTRITION CARE STAFF DINING ROOM FOR TROOP PROGRAM UNITS (TPUs)

1. Dwight David Eisenhower Army Medical Center (DDEAMC), Nutrition Care Division has 15 military personnel, 60 civilian personnel and serves approximately 2,000 customers daily. Pricing is a-la-carte.
2. The Nutrition Care division provides messing for TPUs assigned to DDEAMC for their Annual Training. **UNITS ASSIGNED TO THE RESERVE TRAINING CENTER ARE NOT AUTHORIZED TO USE THE DDEAMC DINING FACILITY.**
3. Units with fifty (50) or more personnel will arrange to pay for two (2) contract food service workers for each fifty (50) personnel (i.e., 50-100 personnel - two (2) food service workers; 101-150 personnel - four (4) food service workers). Arrangements are coordinated through the DRCS, USASC&FG and the NCOIC, Nutrition Care Division. Cost is approximately \$500.00 for each food service worker.
4. The week prior to arrival, provide Nutrition Care Division a listing of assigned personnel with rank and SSN. A memorandum, signed by the Commander, will state BAS status of officer personnel. Unit advanced party will notify Chief, Nutrition Care Division of intended first unit meals.
5. All officers will be required to pay a-la-carte prices for meals. For units with officers that are to be on payroll deduction, a DA Form 4187 and Memorandum, (see Appendices G-2 and G-3) must be provided prior to arrival. If this is not provided, officers will pay a-la-carte prices until documentation is received. No reimbursements will be made on meals that are already paid for and consumed.
6. Nutrition Care Division cannot accept more than six (6) soldiers for training during an Annual Training. Divide your hospital food service specialists (91M) evenly between your rotations. Personnel will be scheduled to work shifts and weekends. Transportation is not provided to and from work.
7. Unit dietitians should contact the Chief, Nutrition Care Division prior to training in order to review credentials, position assignment and training needs.

DDEAMC Reg 350-4

8. Dining room operational hours are as follows:

Breakfast 0600-0800

Lunch 1100-1400*

Dinner 1600-1730

*1300-1400 Short Order/Salad Bar

Weekend Hours:

Breakfast 0630-0800

Lunch 1100-1300

Dinner 1600-1730

9. The duty uniform is BDU's and cook's whites.

10. The Nutrition Care Division does not provide food support for end of AT unit parties. The food support must come from your unit funds.

11. Additional information may be obtained from the Nutrition Care Division, DDEAMC.

SAMPLE MEMORANDUM FOR PAYROLL DEDUCTION

DEPARTMENT OF THE ARMY
4203D UNITED STATES ARMY HOSPITAL
160 WHITE BRIDGE ROAD
NASHVILLE, TN XXXXX-XXXX

MEMORANDUM FOR COMMANDER, FINANCE AND ACCOUNTING,
FT GORDON, GA 30905

SUBJECT: Payroll Deduction for Officers While Attending Annual Training (AT)
(Meals)

1. Personnel listed below require payroll deduction for meals:

Number of meals: Breakfast x number of personnel
Lunch x “ “ “
Dinner x “ “ “

NAME	RANK	SSN
------	------	-----

2. Point of contact at unit is _____, telephone number is
_____.

FOR THE COMMANDER:

ADJUTANT

APPENDIX I

MODE OF TRANSPORTATION: _____Privately Owned Vehicle (POV)*
_____Government Flight**

* You will be reimbursed the mileage for POV, not to exceed the cost of a government flight.

** Must be arranged through a government scheduled airline ticket office.

APPENDIX J

15 June 1997

23 Aug

Commander
U.S. Army Reserve Personnel Center
ATTN: ARPC-MOI-SD
9700 Page Avenue
St Louis, MO 63132-5200

Doe, John E.
MS

MAJ

123-45-6789

Attach Orders #TC-09988-994, for points only training, 21 May 97

15 JUN 96 8 N1 Participate in Emergency Disaster Exercise.
or
N2

-----NOTHING FOLLOWS-----

“N” indicates performance was retirement point credit

1 indicates 1 retirement point earned

2 indicates 2 retirement points earned

SIGNATURE OF PERSON ON DD FORM 577
//SIGNED//

APPENDIX K

EXTRACT FROM AR 140-145

INSTRUCTIONS FOR COMPLETION OF DA FORM 1380

1. Purpose. The DA Form 1380 is used to record IDT by:

a. Unit soldiers performing IDT assemblies when pay is authorized and soldier is not present to sign DA Form 5350, a data recorder or drill reporting forms are not available, or proper counter signature authority does not exist.

b. Unit soldiers attached to another USAR unit for less than 89 days. In such cases the unit of attachment will prepare DA Form 1380 and forward to unit of assignment to record attendance on DA Form 1379.

c. Nonunit soldiers under the jurisdiction of ARPERCOM who are attached for retirement points only to USAR TPU, ARNG units, or to another service or component for training.

Note: Nonunit soldiers attached for retirement point credit to RTUs USAR school student detachment and IMA detachments are reported on DA Forms 1379 for those units.

d. Nonunit soldiers performing other IDT for retirement point credit.

e. Instructors in USAR schools performing appropriate schedule training IAW approved individual instructor yearly training schedule when IDT pay is authorized.

Note: DA Form 1380 is not required when individual performance of USAR schools instruction is documented with a sign-in roster.

f. Initiation and preparation. The instructions on the back of the form designate the officials responsible for preparation. The instructions also provide information on the form's completion. In addition, the following applies:

(1) A single form may be used to report a soldier attached to a unit who performs two (2) or more training assemblies in the same month. A single form may be used to report two (2) or more soldiers attached from the same unit of assignment. Single forms may be used as long as they are prepared and submitted within three (3) days after performance of training.

(2) DA Form 1380 is prepared for a unit soldier who performs equivalent training or additional training with UOA subsequent to the submission of DA Form 1379. One copy of the DA Form 1380 will be retained by the unit to post the appropriate entry on the following month's DA Form 1379. One copy of DA Form 1380 will be retained by the unit to post the appropriate entry on the following month's DA Form 1379. A copy of DA Form 1380 will be sent to the designated input station and a copy filed in the Personal Financial Record (PFR) IAW AR 37-104-10.

(3) The code "P" or "N" will be entered in item 10c before the retirement point credit. The code "P" indicates the soldier is entitled to inactive duty pay for the duties performed; the code "N" indicates the soldier is entitled to retirement point credit only.

(4) Enter in item 10d a brief description of the duties performed. The term "Administrative Duties" will not be entered unless soldier is authorized on orders to perform such duties.

(5) The authorization for the training reported on DA Form 1380 must be entered in item 10 to include approving headquarters and date of approval.

g. Disposition. Distribute completed forms as follows:

(1) Unit soldiers: the organization preparing the form will forward the original and duplicate to the soldier's unit of assignment within three (3) days after performance of the duty. Retain one copy for file. The UOA will ensure the duty performed is recorded on DA Form 1379.

(a) One copy will be filed in the Personal Finance Record according to AR 37-104-10.

(b) One copy will be given to the soldier.

(c) A reproduced copy will be posted to the 30-day plan and filed IAW AR 340-2.

(2) Nonunit soldiers: forward original and duplicate to Commander, ARPERSCOM, ATTN: ARPC-AIP-DR, 9700 Page Avenue, St Louis, MO 63132-5200 within three (3) days after the last day of the month. Retain one copy for file.

APPENDIX L

15 June 1996

23 Aug

Commander
U.S. Army Reserve Personnel Center
ATTN: ARPC-MOI-SD
9700 Page Avenue
St Louis, MO 63132-5200

Doe, John E.
MS

MAJ

123-45-6789

AR 140-145/DIMA Order #C10-733099, 23 Oct 97

15 JUN 96 8 P1 Participate in Emergency Disaster Exercise.
or
P2

-----NOTHING FOLLOWS-----

“P” indicates performance was for pay

1 indicates 1 retirement point earned

2 indicates 2 retirement points earned

Multiple paid drills in one calendar month should be listed separately on one DA Form 1380.

SIGNATURE OF PERSON ON DD FORM 577
//SIGNED//

APPENDIX M

15 June 1995

National AMEDD Augmentation Detachment
ATTN: AFRC-NAD-RM
1401 Deshler Street, SW
Ft McPherson, GA 30330-2000

DOE, John E. MAJ 123-45-6789
MC

399th CSH (HUS) w/atch NAAD, Ft McPherson, GA

“I certify that this training was performed in uniform and involved activities for which I was not otherwise compensated”.

SIGNATURE OF RESERVIST

Semi-Annual Height and Weight verification (JAN & JUL)

HEIGHT

WEIGHT

VERIFYING OFFICIAL’S

SIGNATURE AND TITLE

APPENDIX N

SPECIAL STAFF ORIENTATION CHECKLIST

When special staff are needed in the work area, any available staff member will briefly orient them to the area by reviewing the following with them:

- _____ Appropriate interaction with patients and families (includes patient safety)
- _____ Fire safety: telephone number, location of alarms, extinguishers, and exits
- _____ Code telephone number
- _____ Infection Control
- _____ HAZCOM book location
- _____ Visiting policy
- _____ Appropriate clinic, security, and administrative communication, includes patient confidentiality
- _____ Administrative and clinical seclusion and restraint policies
- _____ Introduction to nursing personnel assigned to patient and to charge nurse
- _____ Location of break-room and restroom

Check appropriate block:

- ☐ Forensic Staff
- ☐ Red Cross Volunteer
- ☐ Contract Employee
- ☐ Reservist
- ☐ Student: (specify) _____

I have completed and understand my orientation to this work area as indicated above.

Special Staff Member's Printed Name
Signature, Job

Special Staff Member's
Title, MOS, GS-WG Series Code

Unit Employee Signature and Date

APPENDIX O

ORIENTATION AGENDA FOR RC TPU PERSONNEL

<u>TIME</u>	<u>EVENT</u>	<u>RESPONSIBLE STAFF</u>
0630-0730	Sign-In & Licensure Check	Credentials Ofc & Reserve Components Trng Br
0730-0830	Welcome and Administrative Announcements	CDR, EAMC, SERMC & Reserve Components Trng Br
0830-0845	Nursing Service	Chief Nurse & Chief Wardmaster
0845-0900	Quick Track Exam Review	Reserve Components Trng Br
0900-0915	BREAK	
0915-0930	Duty Assignments	Reserve Components Trng Br
0930-1200	CHCS Training	CHCS Training Office BLDG #357
1200-1300	LUNCH	
1300	Return to 1st Floor Auditorium	

All Department/Division/Service NCOICs will escort their reserves from the 1st Floor Auditorium to the work area at 1300

APPENDIX Q**RESERVE COMPONENT ENLISTED PERFORMANCE EVALUATION**

1. Soldier's Name (Last, First, MI)	2. Rank	3. SSN			
<hr/>					
4. Unit (TPU Of Assignment)	5. Assigned Area of Work at EAMC				
<hr/>					
6. Training Dates: From: _____ To: _____	7. PMOS: (MOS Performed)				
<hr/>					
PERFORMANCE CRITERIA Rating Key: 5-Excellent 4-Satisfactory 3-Fair 2-Unsatisfactory 1-Not Applicable					
EVALUATION AREA	5	4	3	2	1
1. Consistent high productivity	___	___	___	___	___
2. Meets Deadlines	___	___	___	___	___
3. Punctual	___	___	___	___	___
4. Seeks additional responsibility	___	___	___	___	___
5. Maintains and improves skills	___	___	___	___	___
6. Works well under pressure	___	___	___	___	___
7. Willing to try improved methods	___	___	___	___	___
8. Cooperative with others	___	___	___	___	___
9. Potential for increased responsibility	___	___	___	___	___
10. Leadership potential	___	___	___	___	___
<hr/>					
MOS TRAINING EVALUATION					
<hr/>					
Brought ASmart training manual to training site? YES _____ NO _____					
<hr/>					
ASmart TRAINING MANUAL (MOS SPECIFIC)			GO	NO GO	
<hr/>					
TASK #/COMPLETED:					
_____			_____	_____	
_____			_____	_____	
_____			_____	_____	
_____			_____	_____	
_____			_____	_____	
_____			_____	_____	
<hr/>					
NCOIC/OIC SIGNATURE (DEPARTMENT/UNIT)					
<hr/>					
SOLDIER'S SIGNATURE					

APPENDIX R**RESERVE ANNUAL TRAINING EVALUATION**

1. RESERVIST'S NAME (LAST, FIRST, MI)	2. RANK	3. SSN			
4. AREA OF WORK: _____	5. PMOS: (MOS PERFORMED)				
6. UNIT OF ASSIGNMENT:	7. TRAINING DATES: FROM: _____ TO: _____				
8. Please evaluate the adequacy of the following activities:					
Rating Key: 5-Excellent 4-Satisfactory 3-Fair 2-Unsatisfactory 1-Not Applicable					
EVALUATION AREA	5	4	3	2	1
9. Support from Reserve Components Training Branch staff	_____	_____	_____	_____	_____
10. Orientation to the hospital	_____	_____	_____	_____	_____
11. Orientation to your duty section	_____	_____	_____	_____	_____
12. Duty transportation	_____	_____	_____	_____	_____
13. Billeting (security, cleanliness, latrines)	_____	_____	_____	_____	_____
14. Meals	_____	_____	_____	_____	_____
15. Support from my active component counterpart	_____	_____	_____	_____	_____
Please provide comments:					

